

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
03/21/2013
Document Number:
400394005

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Justin Carlile
Company Name: CONOCO PHILLIPS COMPANY Phone: (432) 688-9165
Address: P O BOX 2197 Fax: (432) 688-6019
City: HOUSTON State: TX Zip: 77252-2197 Email: justin.carlile@conocophillips.com
API #: 05 - 005 - 07200 - 00 Facility ID: _____ Location ID: _____
Facility Name: Murphy Family 4-64 25 1H
Sec: 25 Twp: 4s Range: 64w QtrQtr: NWNW Lat: 39.678628 Long: -104.508494

NOTICE OF SPUD – 48-hour notice required **Surface Hole Spud ONLY**
Spud Date: 03/23/2013 Time: 08:00 (HH:MM)
Rig Name: H & P 280

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.
Print Name: Justin Carlile Email: justin.carlile@conocophillips.com
Signature: Justin Carlile Title: Regulatory Specialist Date: 03/21/2013